No. 13

Putting Success to Work



IMPLICATIONS OF THE NKWANTA COMMUNITY-BASED HEALTH PLANNING AND SERVICES (CHPS) INITIATIVE

ARE KIDS BETTER OFF?

CHPS has been launched to bring health to the people. But, do the people respond? This question has prompted the Nkwanta Health Development Centre (NHDC) to design a survey to assess whether work in CHPS zones is meeting the goals and objectives of the programme.

Over the course of 15 days, an NHDC data collection team conducted Ghana's first district-level CHPS impact assessment. The evaluation included 60 clusters, 899 households, and 1064 female respondents residing in these households. Questions aimed at assessing the relationship between exposure to CHPS and behaviour, knowledge and health outcomes. This issue of *PSTW* presents some of the initial findings on health-seeking behaviour and child immunization coverage. CHPS "exposure" is defined as follows:

- 1) NOT YET CHPS. Areas far from a fixed health facility (≥8km away) but not currently part of the CHPS programme. This group serves as a "control" group for the CHPS groups because it consists of similarly remote, medically underserved communities.
- 2) CHPS. Areas currently within a designated CHPS zone

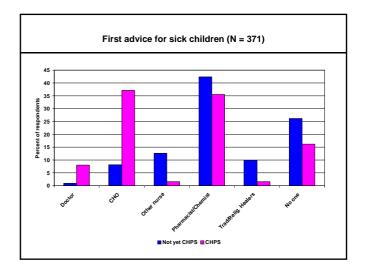
Health-Seeking Behaviour

Interviewers asked mothers ages 15-49 if each of their children had been sick in the two weeks prior to the survey. For women who replied affirmatively, interviewers asked mothers to whom they went for advice regarding the child's illness. The following graph shows that mothers in CHPS zones are significantly more likely to seek advice from a trained medical professional (doctor, CHO or other nurse) than mothers in non-CHPS areas. Additionally, analysis suggests that in CHPS areas, community members not only have increased access to medical attention but trust CHOs for advice.

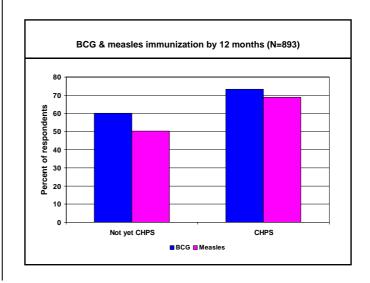
Child Immunization

The survey results demonstrate that the CHPS programme improves child immunization relative to

Not Yet CHPS areas. In rural impoverished areas, the presence of a CHO also positively affects child health record keeping. The percentage of children with immunization cards was significantly greater in CHPS vs. Not Yet CHPS areas.



The figure presented below includes 1998 DHS national immunization data as a reference point. Given the fact that Nkwanta is a particularly remote and isolated district, it is not surprising that BCG coverage falls slightly below the national average. However, in *CHPS* zones, measles coverage proves to be higher than all other areas, including those closest to fixed health facilities.



Full vaccination means that a child has received BCG, measles, the complete polio series, and the complete DPT/Penta series by the age of 12 months. The graph below shows that children in *CHPS* zones are more likely to be fully vaccinated relative to children in all other areas in the district and to the country as a whole. Additionally, analysis of polio and DPT/Penta coverage rates suggests that the presence of a CHO within the community increases the likelihood that a child will complete the series once he or she has received the first vaccination.

Fully vaccinated children by age 12 months
N = 893 (children over 12 months at time of survey)

70
60
40
10
Not yet CHPS
Incomplete or not immunized Completely vaccinated



A CHO providing well-child services in the community—including immunizations and growth monitoring

Immunization is essential to children's survival. And reaching children with vaccines also provides a key opportunity to distribute insecticide-treated mosquito nets, Vitamin A supplements and other life-saving interventions. While *CHPS* areas perform relatively better in terms of complete immunization coverage, rates in all areas leave substantial room for improvement. This is an urgent priority of the Nkwanta CHPS programme.

The mandate of CHPS is to "reach the unreached." Results demonstrate that Nkwanta is on its way to achieving this goal. While CHPS has made a positive impact on health-seeking behaviour and child immunization coverage, the DHMT is committed to using these findings to continually improve CHPS services as they are extended to other communities in the district.

Comments? Opinions? Suggestions? Please share your local experiences by writing to:
Putting Success to Work

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